



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER DEN-63
March 2003

TO: Dental Providers Participating in MassHealth
FROM: Douglas S. Brown, Acting Commissioner
RE: *Dental Manual* (2003 HCPCS)

A handwritten signature in black ink, appearing to read "D. Brown", with a horizontal line extending to the right.

The federal government has revised the HCFA Common Procedure Coding System (HCPCS) for MassHealth billing.

This letter transmits changes to your provider manual that contain the new and revised codes. The revised Appendix E is effective for dates of service on or after April 1, 2003.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has regulations available on disk. The regulation title is 114.3 CMR 16.00: Surgery and Related Anesthesia Care.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: (617) 727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: (617) 988-3100
www.mass.gov/dhcfp

DMA Web Site

This transmittal letter and attached pages are available on the Division's Web site at www.mass.gov/dma.

Questions

If you have any questions about this transmittal letter, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Dental Manual

Pages E-1 through E-30

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Dental Manual

Pages E-1 through E-28 — transmitted by Transmittal Letter DEN-61

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series DENTAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX E: ORAL SURGERY SERVICE CODES AND DESCRIPTIONS	PAGE E-1
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The **all-numeric** service codes that are listed in this appendix may be used when providing services to members in all categories of assistance, including category 4 (EAEDC), and may only be used by oral and maxillofacial surgeons who have submitted proof of certification to the Division. **The alphanumeric codes in Sections 621, 622, and 623** may not be used for services provided to category 4 members, with the exception of Service Code D7999.

620 Service Codes and Descriptions: Medical Services

Service

Code Service Description

OFFICE OR OTHER OUTPATIENT SERVICES

New Patient

- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components (does not include dentoalveolar diagnosis):
- an expanded problem focused history;
 - an expanded problem focused examination; and
 - straightforward medical decision making

Established Patient

- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components (does not include dentoalveolar diagnosis):
- a problem-focused history;
 - a problem-focused examination; and
 - straightforward medical decision making

INITIAL HOSPITAL CARE

New or Established Patient

- 99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a detailed or comprehensive history;
 - a detailed or comprehensive examination; and
 - medical decision making that is straightforward or of low complexity
- 99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of moderate complexity
- 99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code Service Description

SUBSEQUENT HOSPITAL CARE

- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- a problem-focused interval history;
 - a problem-focused examination;
 - medical decision making that is straightforward or of low complexity
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- an expanded problem-focused interval history;
 - an expanded problem-focused examination;
 - medical decision making of moderate complexity
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- a detailed interval history;
 - a detailed examination;
 - medical decision making of high complexity

INITIAL INPATIENT CONSULTATIONS

New or Established Patient

- 99251 Initial inpatient consultation for a new or established patient, which requires these three key components:
- a problem-focused history;
 - a problem-focused examination; and
 - straightforward medical decision making
- 99252 Initial inpatient consultation for a new or established patient, which requires these three key components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - straightforward medical decision making
- 99253 Initial inpatient consultation for a new or established patient, which requires these three key components:
- a detailed history;
 - a detailed examination; and
 - medical decision making of low complexity
- 99254 Initial inpatient consultation for a new or established patient, which requires three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of moderate complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code Service Description

- 99255 Initial inpatient consultation for a new or established patient, which requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

FOLLOW-UP INPATIENT CONSULTATIONS

Established Patient

- 99261 Follow-up inpatient consultation for an established patient, which requires at least two of these three key components:
- a problem-focused interval history;
 - a problem-focused examination;
 - medical decision making that is straightforward or of low complexity

EMERGENCY DEPARTMENT SERVICES

New or Established Patient

- 99281 Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- a problem-focused history;
 - a problem-focused examination; and
 - straightforward medical decision making
- 99282 Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - medical decision making of low complexity
- 99283 Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - medical decision making of moderate complexity
- 99284 Emergency department visit for the evaluation and management of a patient, which requires these three key components:
- a detailed history;
 - a detailed examination; and
 - medical decision making of moderate complexity

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620 Service Codes and Descriptions: Medical Services (cont.)

Service

Code Service Description

- 99285 Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

621 Service Codes and Descriptions: Endodontic Services

See 130 CMR 420.426, 420.437, and 420.447 for limitations.

Service

Code Service Description

Periapical Services

- D3410 Apicoectomy/periradicular surgery—anterior (per tooth) (includes retrograde filling) (P.A.)
D3421 Apicoectomy/periradicular surgery—bicuspid (first root) (P.A.)
D3426 Apicoectomy/periradicular surgery (each additional root) (P.A.)

622 Service Codes and Descriptions: Exodontic Services

See 130 CMR 420.429, 420.439, and 420.449 for limitations.

Service

Code Service Description

Extractions (including local anesthesia, suture removal, and routine postoperative care)

- D7110 Extraction—single tooth
D7120 Extraction—each additional tooth
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220 Removal of impacted tooth—soft tissue (P.A.)
D7230 Removal of impacted tooth—partially bony (P.A.)
D7240 Removal of impacted tooth—completely bony (P.A.)

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623 Service Codes and Descriptions: Oral and Maxillofacial Surgical Services

Service

Code Service Description

Introduction

- D7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments) (P.A.)
- D7281 Surgical exposure of impacted or unerupted tooth to aid eruption (for orthodontic purposes) (P.A.)

Surgical Procedures

- D7310 Alveoplasty in conjunction with extractions—per quadrant
- D7320 Alveoplasty not in conjunction with extractions—per quadrant
- D7340 Vestibuloplasty—ridge extension (second epithelialization) (P.A.)
- D7350 Vestibuloplasty—ridge extension (including soft-tissue grafts, muscle reattachments, revision of soft-tissue attachment, and management of hypertrophied and hyperplastic tissue) (P.A.)
- D7430 Excision of benign tumor—lesion diameter up to 1.25 cm
- D7431 lesion diameter greater than 1.25 cm
- D7450 Removal of odontogenic cyst or tumor—lesion diameter up to 1.25 cm
- D7451 lesion diameter greater than 1.25 cm
- D7460 Removal of nonodontogenic cyst or tumor—lesion diameter up to 1.25 cm
- D7461 lesion diameter greater than 1.25 cm
- D7471 Removal of exostosis—per site (P.A.)
- D7960 Frenulectomy (frenectomy or frenotomy)—separate procedure
- D7970 Excision of hyperplastic tissue—per arch (P.A.)
- D7999 Unspecified oral surgery procedure, by report (P.A.) (I.C.)
- D9930 Treatment of complications (postsurgical)—unusual circumstances, by report (I.C.)

Unclassified Treatment

- D9110 Palliative (emergency) treatment of dental pain—minor procedure
- D9999 Unspecified adjunctive procedure, by report (P.A.) (I.C.)

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624 Service Codes and Descriptions: Surgical Services

See 130 CMR 420.451 for limitations.

Service
Code Service Description

INTEGUMENTARY SYSTEM

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

Incision and Drainage

- 10060 Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- 10061 complicated or multiple
- 10120 Incision and removal of foreign body, subcutaneous tissues; simple
- 10121 complicated
- 10140 Incision and drainage of hematoma, seroma, or fluid collection
- 10160 Puncture aspiration of abscess, hematoma, bulla, or cyst
- 10180 Incision and drainage, complex, postoperative wound infection

Excision—Debridement

- 11010 Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
- 11011 skin, subcutaneous tissue, muscle fascia, and muscle
- 11012 skin, subcutaneous tissue, muscle fascia, muscle, and bone
- 11040 Debridement; skin, partial thickness
- 11041 skin, full thickness
- 11042 skin and subcutaneous tissue
- 11043 skin, subcutaneous tissue, and muscle
- 11044 skin, subcutaneous tissue, muscle, and bone

Biopsy

- 11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion
- 11101 each separate/additional lesion (List separately in addition to code for primary procedure.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Shaving of Epidermal or Dermal Lesions

- 11310 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
- 11311 lesion diameter 0.6 to 1.0 cm
- 11312 lesion diameter 1.1 to 2.0 cm
- 11313 lesion diameter over 2.0 cm

Excision—Benign Lesions

- 11440 Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
- 11441 excised diameter 0.6 to 1.0 cm
- 11442 excised diameter 1.1 to 2.0 cm
- 11443 excised diameter 2.1 to 3.0 cm
- 11444 excised diameter 3.1 to 4.0 cm
- 11446 excised diameter over 4.0 cm

Excision—Malignant Lesions

- 11640 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
- 11641 excised diameter 0.6 to 1.0 cm
- 11642 excised diameter 1.1 to 2.0 cm
- 11643 excised diameter 2.1 to 3.0 cm
- 11644 excised diameter 3.1 to 4.0 cm
- 11646 excised diameter over 4.0 cm

MISCELLANEOUS

Introduction

- 11960 Insertion of tissue expander(s) for other than breast, including subsequent expansion
- 11970 Replacement of tissue expander with permanent prosthesis
- 11971 Removal of tissue expander(s) without insertion of prosthesis

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

REPAIR (CLOSURE)

Repair—Simple

- | | |
|-------|--|
| 12011 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes;
2.5 cm or less |
| 12013 | 2.6 cm to 5.0 cm |
| 12014 | 5.1 cm to 7.5 cm |
| 12015 | 7.6 cm to 12.5 cm |
| 12016 | 12.6 cm to 20.0 cm |
| 12017 | 20.1 cm to 30.0 cm |
| 12018 | over 30.0 cm |
| 12020 | Treatment of superficial wound dehiscence; simple closure |
| 12021 | with packing |

Repair—Intermediate

- | | |
|-------|--|
| 12051 | Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or
less |
| 12052 | 2.6 cm to 5.0 cm |
| 12053 | 5.1 cm to 7.5 cm |
| 12054 | 7.6 cm to 12.5 cm |
| 12055 | 12.6 cm to 20.0 cm |
| 12056 | 20.1 cm to 30.0 cm |
| 12057 | over 30.0 cm |

Repair—Complex

- | | |
|-------|---|
| 13131 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 1.1 cm
to 2.5 cm |
| 13132 | 2.6 cm to 7.5 cm |
| 13133 | each additional 5 cm or less (List separately in addition to code for primary procedure.) |
| 13150 | Repair, complex, eyelids, nose, ears, and/or lips; 1.0 cm or less |
| 13151 | 1.1 cm to 2.5 cm |
| 13152 | 2.6 cm to 7.5 cm |
| 13153 | each additional 5 cm or less (List separately in addition to code for primary procedure.) |
| 13160 | Secondary closure of surgical wound or dehiscence, extensive or complicated |

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code

Service Description

Adjacent Tissue Transfer or Rearrangement

- 14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; defect 10 sq cm or less
- 14041 defect 10.1 sq cm to 30.0 sq cm
- 14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less
- 14061 defect 10.1 sq cm to 30.0 sq cm

Free Skin Grafts

- 15000 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children
- 15120 Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
- 15121 each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure.)
- 15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
- 15241 each additional 20 sq cm (List separately in addition to code for primary procedure.)
- 15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
- 15261 each additional 20 sq cm (List separately in addition to code for primary procedure.)

Flaps (Skin and/or Deep Tissues)

- 15570 Formation of direct or tubed pedicle, with or without transfer; trunk
- 15572 scalp, arms, or legs
- 15574 forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, or feet
- 15576 eyelids, nose, ears, lips, or intraoral
- 15620 Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
- 15630 at eyelids, nose, ears, or lips
- 15732 Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter muscle, sternocleidomastoid, levator scapulae)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Other Flaps and Grafts

15770 Graft; derma-fat-fascia

Other Procedures

15819 Cervicoplasty
15820 Blepharoplasty, lower eyelid (P.A.)
15821 with extensive herniated fat pad (P.A.)
15822 Blepharoplasty, upper eyelid; (P.A.)
15823 with excessive skin weighting down lid (P.A.)
15840 Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841 free muscle graft (including obtaining graft)
15842 free muscle flap by microsurgical technique
15845 regional muscle transfer

Burns, Local Treatment

16000 Initial treatment, first degree burn, when no more than local treatment is required

DESTRUCTION

Destruction, Benign or Premalignant Lesions

17000 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement),
all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous
vascular proliferative lesions; first lesion
17003 second through 14 lesions, each (List separately in addition to code for first lesion.)
17004 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement),
all benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous
vascular proliferative lesions; 15 or more lesions
17106 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Destruction, Malignant Lesions, Any Method

- 17280 Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
- 17281 lesion diameter 0.6 to 1.0 cm
- 17282 lesion diameter 1.1 to 2.0 cm
- 17283 lesion diameter 2.1 to 3.0 cm
- 17284 lesion diameter 3.1 to 4.0 cm
- 17286 lesion diameter over 4.0 cm

Other Procedures

- 17999 Unlisted procedure, skin, mucous membrane, and subcutaneous tissue (I.C.)

MUSCULOSKELETAL SYSTEM

GENERAL

Incision

- 20000 Incision of soft tissue abscess (e.g., secondary to osteomyelitis); superficial
- 20005 deep or complicated

Excision

- 20200 Biopsy, muscle; superficial
- 20205 deep
- 20206 Biopsy, muscle, percutaneous needle
- 20220 Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)
- 20240 Biopsy, bone, excisional; superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur)
- 20245 deep (e.g., humerus, ischium, femur)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Introduction or Removal

- 20520 Removal of foreign body in muscle or tendon sheath; simple
- 20525 deep or complicated
- 20605 Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa)
- 20615 Aspiration and injection for treatment of bone cyst
- 20670 Removal of implant; superficial (e.g., buried wire, pin, or rod) (separate procedure)
- 20680 deep (e.g., buried wire, pin, screw, metal band, nail, rod, or plate)
- 20690 Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
- 20692 Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (e.g., Ilizarov, Monticelli type)
- 20693 Adjustment or revision of external fixation system requiring anesthesia (e.g., new pin(s) or wire(s) and/or new ring(s) or bar(s))
- 20694 Removal, under anesthesia, of external fixation system

Grafts (or Implants)

- 20900 Bone graft, any donor area; minor or small (e.g., dowel or button)
- 20902 major or large
- 20910 Cartilage graft; costochondral
- 20912 nasal septum
- 20920 Fascia lata graft; by stripper
- 20922 by incision and area exposure, complex or sheet
- 20924 Tendon graft, from a distance (e.g., palmaris, toe extensor, plantaris)
- 20926 Tissue grafts, other (e.g., paratenon, fat, dermis)

Other Procedures

- 20955 Bone graft with microvascular anastomosis; fibula
- 20956 iliac crest
- 20962 other than fibula, iliac crest, or metatarsal
- 20969 Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe (I.C.)
- 20970 iliac crest
- 20999 Unlisted procedure, musculoskeletal system, general (I.C.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code

Service Description

HEAD

Incision

21010 Arthrotomy, temporomandibular joint

Excision

21015 Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp
21025 Excision of bone (e.g., for osteomyelitis or bone abscess); mandible
21026 facial bone(s)
21029 Removal by contouring of benign tumor of facial bone (e.g., fibrous dysplasia) (P.A.)
21030 Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031 Excision of torus mandibularis
21032 Excision of maxillary torus palatinus
21034 Excision of malignant tumor of maxilla or zygoma
21040 Excision of benign tumor or cyst of mandible; by enucleation and curettage
21044 Excision of malignant tumor of mandible
21045 radical resection
21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion(s))
21047 requiring extra-oral osteotomy and partial mandibulectomy (e.g., locally aggressive or destructive lesion(s))
21048 Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion(s))
21049 requiring extra-oral osteotomy and partial maxillectomy (e.g., locally aggressive or destructive lesion(s))
21050 Condylectomy, temporomandibular joint (separate procedure)
21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070 Coronoidectomy (separate procedure)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code

Service Description

Introduction or Removal

- 21076 Impression and custom preparation; surgical obturator prosthesis
- 21077 orbital prosthesis
- 21079 interim obturator prosthesis (P.A.) (I.C.)
- 21080 definitive obturator prosthesis (P.A.) (I.C.)
- 21081 mandibular resection prosthesis (P.A.) (I.C.)
- 21082 palatal augmentation prosthesis (P.A.) (I.C.)
- 21083 palatal lift prosthesis (P.A.) (I.C.)
- 21084 speech aid prosthesis (P.A.) (I.C.)
- 21085 oral surgical splint (P.A.) (I.C.)
- 21086 auricular prosthesis (P.A.) (I.C.)
- 21087 nasal prosthesis (P.A.) (I.C.)
- 21088 facial prosthesis (P.A.) (I.C.)
- 21089 Unlisted maxillofacial prosthetic procedure (P.A.) (I.C.)
- 21100 Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
- 21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal (I.C.)
- 21116 Injection procedure for temporomandibular joint arthrography

Repair, Revision, and/or Reconstruction

- 21137 Reduction forehead; contouring only (P.A.)
- 21138 contouring and application of prosthetic material or bone graft (includes obtaining autograft) (P.A.)
- 21139 contouring and setback of anterior frontal sinus wall (P.A.)
- 21141 Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft (P.A.)
- 21142 two pieces, segment movement in any direction, without bone graft
- 21143 three or more pieces, segment movement in any direction, without bone graft
- 21145 single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (P.A.)
- 21146 two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft) (P.A.)
- 21147 three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies) (P.A.)
- 21150 Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome) (P.A.)
- 21151 any direction, requiring bone grafts (includes obtaining autografts) (P.A.)

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6624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I (P.A.)
21155	with LeFort I (P.A.)
21159	Reconstruction midface, LeFort III (extra- and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I (P.A.)
21160	with LeFort I (P.A.)
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) (P.A.)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) (P.A.)
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	total area of bone grafting greater than 80 sq cm
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) (P.A.)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft (P.A.)
21194	with bone graft (includes obtaining graft) (P.A.)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation (P.A.)
21196	with internal rigid fixation (P.A.)
21198	Osteotomy, mandible, segmental (P.A.)
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard) (P.A.)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) (P.A.)
21209	reduction (P.A.)
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) (P.A.)
21215	mandible (includes obtaining graft) (P.A.)
21230	Graft; rib cartilage, autogenous, to face, chin, nose, or ear (includes obtaining graft) (P.A.)
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft) (P.A.)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) (P.A.)
21242	Arthroplasty, temporomandibular joint, with allograft (P.A.)
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement (P.A.)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate) (P.A.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia) (P.A.)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) (P.A.)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach (P.A.)
21261	combined intra- and extracranial approach (P.A.)
21263	with forehead advancement (P.A.)
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach (P.A.)
21268	combined intra- and extracranial approach (P.A.)
21270	Malar augmentation, prosthetic material (P.A.)
21275	Secondary revision of orbitocraniofacial reconstruction (P.A.)
21280	Medial canthopexy (separate procedure) (P.A.)
21282	Lateral canthopexy (P.A.)
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach (P.A.)
21296	intraoral approach (P.A.)

Other Procedures

21299	Unlisted craniofacial and maxillofacial procedure (P.A.) (I.C.)
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Fracture and/or Dislocation

21300	Closed treatment of skull fracture without operation
21310	Closed treatment of nasal bone fracture without manipulation
21315	Closed treatment of nasal bone fracture; without stabilization
21320	with stabilization
21325	Open treatment of nasal fracture; uncomplicated
21330	complicated, with internal and/or external skeletal fixation
21335	with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire, or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (e.g., comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	requiring multiple open approaches
21348	with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (e.g., Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	periorbital approach
21387	combined approach
21390	periorbital approach, with alloplastic or other implant
21395	periorbital approach with bone graft (includes obtaining graft)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	with implant
21408	with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type)
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
21493	Closed treatment of hyoid fracture; without manipulation
21494	with manipulation
21495	Open treatment of hyoid fracture
21497	Interdental wiring, for condition other than fracture

Other Procedures

21499	Unlisted musculoskeletal procedure, head (I.C.)
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ARTHROSCOPY

29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) (P.A.) (I.C.)
29804	Arthroscopy, temporomandibular joint, surgical (P.A.) (I.C.)
29999	Unlisted procedure, arthroscopy

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code

Service Description

RESPIRATORY SYSTEM

NOSE

Excision

- 30130 Excision turbinate, partial or complete, any method
30140 Submucous resection turbinate, partial or complete, any method

Repair

- 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30580 Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) (I.C.)
30600 oronasal

Other Procedures

- 30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903 Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906 subsequent
30999 Unlisted procedure, nose

ACCESSORY SINUSES

Incision

- 31000 Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31020 Sinusotomy, maxillary (antrotomy); intranasal
31030 radical (Caldwell-Luc) without removal of antrochoanal polyps
31032 radical (Caldwell-Luc) with removal of antrochoanal polyps

Excision

- 31225 Maxillectomy; without orbital exenteration

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Endoscopy

- 31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
- 31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy
- 31267 with removal of tissue from maxillary sinus
- 31290 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
- 31292 Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
- 31293 with medial orbital wall and inferior orbital wall decompression
- 31294 with optic nerve decompression

Other Procedures

- 31299 Unlisted procedure, accessory sinuses (I.C.)

LARYNX

Introduction

- 31500 Intubation, endotracheal, emergency procedure
- 31502 Tracheotomy tube change prior to establishment of fistula tract

TRACHEA AND BRONCHI

Incision

- 31600 Tracheostomy, planned (separate procedure)
- 31603 Tracheostomy, emergency procedure; transtracheal
- 31605 cricothyroid membrane

HEMIC AND LYMPHATIC SYSTEMS

LYMPH NODES AND LYMPHATIC CHANNELS

Excision

- 38500 Biopsy or excision of lymph node(s); open, superficial
- 38505 by needle, superficial (e.g., cervical, inguinal, axillary)
- 38510 open, deep cervical node(s)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code Service Description

DIGESTIVE SYSTEM

LIPS

Excision

- 40490 Biopsy of lip
- 40500 Vermilionectomy (lip shave), with mucosal advancement
- 40510 Excision of lip; transverse wedge excision with primary closure
- 40520 V-excision with primary direct linear closure
- 40525 full thickness, reconstruction with local flap (e.g., Estlander or fan)
- 40527 full thickness, reconstruction with cross lip flap (Abbe-Estlander)
- 40530 Resection of lip, more than one-fourth, without reconstruction

Repair (Cheiloplasty)

- 40650 Repair lip, full thickness; vermilion only
- 40652 up to half vertical height
- 40654 over one-half vertical height, or complex
- 40700 Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
- 40701 primary bilateral, one stage procedure
- 40702 primary bilateral, one of two stages
- 40720 secondary, by recreation of defect and reclosure (P.A.)
- 40761 with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle (P.A.)

Other Procedures

- 40799 Unlisted procedure, lips (I.C.)

VESTIBULE OF MOUTH

Incision

- 40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
- 40801 complicated
- 40804 Removal of embedded foreign body, vestibule of mouth; simple
- 40805 complicated
- 40806 Incision of labial frenum (frenotomy)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Excision, Destruction

- 40808 Biopsy, vestibule of mouth
- 40810 Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
- 40812 with simple repair
- 40814 with complex repair
- 40816 complex, with excision of underlying muscle
- 40818 Excision of mucosa of vestibule of mouth as donor graft
- 40819 Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)
- 40820 Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)

Repair

- 40830 Closure of laceration, vestibule of mouth; 2.5 cm or less
- 40831 over 2.5 cm or complex
- 40840 Vestibuloplasty; anterior (P.A.)
- 40842 posterior, unilateral (P.A.)
- 40843 posterior, bilateral (P.A.)
- 40844 entire arch (P.A.)
- 40845 complex (including ridge extension, muscle repositioning) (P.A.)

Other Procedures

- 40899 Unlisted procedure, vestibule of mouth (I.C.)

TONGUE AND FLOOR OF MOUTH

Incision

- 41000 Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
- 41005 sublingual, superficial
- 41006 sublingual, deep, supramylohyoid
- 41007 submental space
- 41008 submandibular space
- 41009 masticator space
- 41010 Incision of ligual frenum (frenotomy)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code

Service Description

41015 Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016 submental
41017 submandibular
41018 masticator space

Excision

41100 Biopsy of tongue; anterior two-thirds
41105 posterior one-third
41108 Biopsy of floor of mouth
41110 Excision of lesion of tongue without closure
41112 Excision of lesion of tongue with closure; anterior two-thirds
41113 posterior one-third
41114 with local tongue flap
41115 Excision of lingual frenum (frenectomy)
41116 Excision, lesion of floor of mouth
41120 Glossectomy; less than one-half tongue
41130 hemiglossectomy
41135 partial, with unilateral radical neck dissection
41140 complete or total, with or without tracheostomy, without radical neck dissection
41145 complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150 composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153 composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155 composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)

Repair

41250 Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251 posterior one-third of tongue
41252 Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex

Other Procedures

41500 Fixation of tongue, mechanical, other than suture (e.g., K-wire)
41510 Suture of tongue to lip for micrognathia (Douglas type procedure)
41520 Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)
41599 Unlisted procedure, tongue, floor of mouth (I.C.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service
Code Service Description

DENTOALVEOLAR STRUCTURES

Incision

41800 Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805 Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806 bone

Excision, Destruction

41820 Gingivectomy, excision gingiva, each quadrant (P.A.) (I.C.)
41821 Operculectomy, excision pericoronal tissues
41822 Excision of fibrous tuberosities, dentoalveolar structures
41823 Excision of osseous tuberosities, dentoalveolar structures
41825 Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826 with simple repair
41827 with complex repair
41828 Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830 Alveolectomy, including curettage of osteitis or sequestrectomy
41850 Destruction of lesion (except excision), dentoalveolar structures (I.C.)

Other Procedures

41874 Alveoloplasty, each quadrant (specify)
41899 Unlisted procedure, dentoalveolar structures (I.C.)

PALATE AND UVULA

Incision

42000 Drainage of abscess of palate, uvula

Excision, Destruction

42100 Biopsy of palate, uvula
42104 Excision, lesion of palate, uvula; without closure
42106 with simple primary closure
42107 with local flap closure

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

- 42120 Resection of palate or extensive resection of lesion
 42140 Uvulectomy, excision of uvula (P.A.)
 42145 Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty) (P.A.)
 42160 Destruction of lesion, palate or uvula (thermal, cryo, or chemical)

Repair

- 42180 Repair, laceration of palate; up to 2 cm
 42182 over 2 cm or complex
 42200 Palatoplasty for cleft palate, soft and/or hard palate only
 42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
 42210 with bone graft to alveolar ridge (includes obtaining graft)
 42215 Palatoplasty for cleft palate; major revision
 42220 secondary lengthening procedure
 42225 attachment pharyngeal flap
 42226 Lengthening of palate, and pharyngeal flap
 42227 Lengthening of palate, with island flap
 42235 Repair of anterior palate, including vomer flap
 42260 Repair of nasolabial fistula
 42280 Maxillary impression for palatal prosthesis (P.A.)
 42281 Insertion of pin-retained palatal prosthesis (P.A.)

Other Procedures

- 42299 Unlisted procedure, palate, uvula (I.C.)

SALIVARY GLAND AND DUCTS

Incision

- 42300 Drainage of abscess; parotid, simple
 42305 parotid, complicated
 42310 Drainage of abscess; submaxillary or sublingual, intraoral
 42320 submaxillary, external
 42325 Fistulization of sublingual salivary cyst (ranula)
 42326 with prosthesis
 42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
 42335 submandibular (submaxillary), complicated, intraoral
 42340 parotid, extraoral or complicated intraoral

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Excision

42400 Biopsy of salivary gland; needle
42405 incisional
42408 Excision of sublingual salivary cyst (ranula)
42409 Marsupialization of sublingual salivary cyst (ranula)
42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415 lateral lobe, with dissection and preservation of facial nerve
42420 total, with dissection and preservation of facial nerve
42425 total, en bloc removal with sacrifice of facial nerve
42440 Excision of submandibular (submaxillary) gland
42450 Excision of sublingual gland

Repair

42500 Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505 secondary or complicated
42507 Parotid duct diversion, bilateral (Wilke type procedure);
42508 with excision of one submandibular gland
42509 with excision of both submandibular glands
42510 with ligation of both submandibular (Wharton's) ducts

Other Procedures

42550 Injection procedure for sialography
42600 Closure salivary fistula
42650 Dilation salivary duct
42660 Dilation and catheterization of salivary duct, with or without injection
42665 Ligation salivary duct, intraoral
42699 Unlisted procedure, salivary glands or ducts (I.C.)

PHARYNX, ADENOIDS, AND TONSILS

Incision

42700 Incision and drainage abscess; peritonsillar
42720 retropharyngeal or parapharyngeal, intraoral approach
42725 retropharyngeal or parapharyngeal, external approach

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6624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Excision, Destruction

42800 Biopsy; oropharynx
42802 hypopharynx
42804 nasopharynx, visible lesion, simple
42806 nasopharynx, survey for unknown primary lesion
42808 Excision or destruction of lesion of pharynx, any method
42809 Removal of foreign body from pharynx
42810 Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815 Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42842 Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844 closure with local flap (e.g., tongue, buccal)
42845 closure with other flap
42860 Excision of tonsil tags
42870 Excision or destruction lingual tonsil, any method (separate procedure)

Repair

42900 Suture pharynx for wound or injury

Other Procedures

42960 Control oropharyngeal hemorrhage, primary or secondary (e.g., post-tonsillectomy); simple
42961 complicated, requiring hospitalization
42962 with secondary surgical intervention
42970 Control of nasopharyngeal hemorrhage, primary or secondary (e.g., post-adenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
42971 complicated, requiring hospitalization
42972 with secondary surgical intervention
42999 Unlisted procedure, pharynx, adenoids, or tonsils (I.C.)

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624 Service Codes and Descriptions: Surgical Services (cont.)

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Code Service Description

NERVOUS SYSTEM

EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM

Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic and Therapeutic

Somatic Nerves

64400 Injection, anesthetic agent; trigeminal nerve, any division or branch

Destruction by Neurolytic Agent (e.g., Chemical, Thermal, Electrical, Radiofrequency, or Chemodenervation)

Somatic Nerves

64600 Destruction by neurolytic agent, trigeminal nerve, supraorbital, infraorbital, mental, or inferior alveolar branch

Neuroplasty (Exploration, Neurolysis or Nerve Decompression)

64722 Decompression, unspecified nerve(s) (specify)

64727 Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty.) (Neuroplasty includes external neurolysis.)

Transection or Avulsion

64732 Transection or avulsion of; supraorbital nerve

64734 infraorbital nerve

64736 mental nerve

64738 inferior alveolar nerve by osteotomy

64740 lingual nerve

Neurorrhaphy

64864 Suture of facial nerve; extracranial

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624 Service Codes and Descriptions: Surgical Services (cont.)

Service

Code Service Description

Neurorrhaphy with Nerve Graft

64885 Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length

Other Procedures

64999 Unlisted procedure, nervous system (I.C.)

OPERATING MICROSCOPE

69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure.)

625 Service Codes and Descriptions: Radiology Services

The following service codes are reimbursable only when performed in an office location.

DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

HEAD AND NECK

70100 Radiologic examination, mandible; partial, less than four views

70110 complete, minimum of four views

70140 Radiologic examination, facial bones; less than three views

70150 complete, minimum of three views

70160 Radiologic examination, nasal bones, complete, minimum of three views

70210 Radiologic examination, sinuses, paranasal, less than three views

70220 Radiologic examination, sinuses, paranasal, complete, minimum of three views

70240 Radiologic examination, sella turcica

70328 Radiologic examination, temporomandibular joint, open and closed mouth; unilateral

70330 bilateral

70360 Radiologic examination; neck, soft tissue

70380 Radiologic examination, salivary gland for calculus

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